

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097529990		FILING DATE			
APPLICANT(S)											
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			
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48								98			
49								99			
50								100			
TOTAL IND.	15							TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS	15							TOTAL CLAIMS			

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